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FILED  
DISTRICT COURT  
2017 AUG 14 P 1:30  
DISTRICT OF UTAH

BY: \_\_\_\_\_  
DEPUTY CLERK  
UNITED STATES DISTRICT COURT FOR THE DISTRICT OF UTAH  
DIVISION

Maximino Arriaga  
(Full Name)

PLAINTIFF

vs.

Tony Washington

Bruce Burnham

Sidney G. Roberts

DEFENDANTS

**CIVIL RIGHTS COMPLAINT**  
(42 U.S.C §1983, §1985)

CIVIL NO. 2:16-cv-00031-RJS  
(Supplied by Clerk)

**A. JURISDICTION**

1. Jurisdiction is proper in this court according to:

- a. ☐ 42 U.S.C. §1983  
b. ☐ 42 U.S.C. §1985  
c. ☐ Other (Please Specify) \_\_\_\_\_

2. NAME OF PLAINTIFF Maximino Arriaga  
IS A CITIZEN OF THE STATE OF Utah

PRESENT MAILING ADDRESS: correctional Facility  
Gunnison, Utah 84634-0550  
P.O. Box 550 B.130 T

3. NAME OF FIRST DEFENDANT SIDNEY G. ROBERTS  
IS A CITIZEN OF UTAH  
(City and State)

IS EMPLOYED AS DOCTOR at UTAH STATE PRISON  
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES X NO   . If your answer is "YES" briefly explain.

He DENIED Me Medication For My Pain

4. NAME OF SECOND DEFENDANT TONY WASHINGTON  
(If applicable)

IS A CITIZEN OF UTAH  
(City and State)

IS EMPLOYED AS DIRECTOR OF MEDICAL at UTAH STATE PRISON.  
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES X NO   . If your answer is "YES" briefly explain.

MAde dicision to deny medication for Pain

5. NAME OF THIRD DEFENDANT BRUCE BURNHAM  
(If applicable)

IS A CITIZEN OF UTah  
(City and State)

IS EMPLOYED AS Head Doctor at UTah State PRISON.  
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES X NO \_\_. If your answer is "YES" briefly explain.

DENIED MEDICATION FOR PAIN  
\_\_\_\_\_  
\_\_\_\_\_

6. NAME OF FOURTH DEFENDANT \_\_\_\_\_  
(If applicable)

IS A CITIZEN OF \_\_\_\_\_  
(city and State)

IS EMPLOYED AS \_\_\_\_\_ at \_\_\_\_\_.  
(Position and Title if Any) (Organization)

Was the defendant acting under the authority or color of state law at the time these claims occurred?

YES \_\_ NO \_\_. If your answer is "YES" briefly explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets of paper if necessary.)

**B. NATURE OF CASE**

1. Why are you bringing this case to court? Please explain the circumstances that led to the problem.

I have Pain IN my lower back which is constant.

I visited DR Roberts AND he de NIED me medication  
because Im illegal im magRANT

It was DIReCTOR of medical Tony Washington  
And Head DR BRUCE BURNham which made the  
decission to deny medication. This was forwarDed  
to DR Roberts. where as I was told of the  
denied medication

C. CAUSE OF ACTION

1. I allege that my constitutional rights, privileges or immunities have been violated and that the following facts form the basis for my allegations: (If necessary you may attach additional pages)

a. (1) Count I: DENIED medication due to illegal status

- (2) Supporting Facts: (Describe exactly what each defendant did or did not do. State the facts clearly in your own words without citing legal authority or arguments.)

Doctor Roberts denied medication due to  
illegal status

b. (1) Count II: \_\_\_\_\_

- (2) Supporting Facts: These decisions are made by

the director of medical Tony Washington. Also  
Head of Doctors Bruce Burnham.

c. (1) Count III: \_\_\_\_\_

(2) Supporting Facts: \_\_\_\_\_

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**D. INJURY**

1. How have you been injured by the actions of the defendant(s)?

*I still am going through constant pain.  
I NEVER received medication. The  
pain is still the same and sometimes EVEN  
worse. I fell off top bunk 4 times due to NO  
feeling in both legs.*

**E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF**

1. Have you filed other lawsuits in state or federal court that deal with the same facts that are involved in this action or otherwise relate to the conditions of your imprisonment?  
YES \_\_\_\_\_ (NO) \_\_\_\_\_. If your answer is "YES," describe each lawsuit. (If there is more than one lawsuit, describe additional lawsuits on additional separate pages, using the same outline.)

- a. Parties to previous lawsuit:

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

- b. Name of court and case or docket number: \_\_\_\_\_

- c. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
- d. Issues raised: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- e. When did you file the lawsuit? \_\_\_\_\_  
Date Month Year
- f. When was it (will it be) decided? \_\_\_\_\_
2. Have you previously sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part C? YES / NO \_\_\_\_\_. If your answer is "YES" briefly describe how relief was sought and the results. If your answer is "NO" explain why administrative relief was not sought.

I filed (3) grievances for a resolution to the  
problem. I was denied twice and the third  
grievance was never answered.  
I filed for a court case #2:16-cv-00031-RJS

**F. REQUEST FOR RELIEF**

1. I believe that I am entitled to the following relief:

\$250,000<sup>00</sup> and be deported to Mexico for  
further medical care

**DECLARATION UNDER PENALTY OF PERJURY**

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint, and that the information contained therein is true and correct. 28 U.S.C. §1746; 18 U.S.C §1621.

Executed at GUNNISON on July 30<sup>th</sup> 2017.  
(Location) (Date)

Max Arriaga  
Signature